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36339 7590 05/27/2004

**NATIONAL INSTITUTE OF HEALTH**  
**C/O NEEDLE & ROSENBERG, P.C.**  
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**ATLANTA, GA 30303**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Gwendolyn D. Spratt, Reg. No. 36,016	(Depositor's name)
<i>Gwendolyn D. Spratt</i>	(Signature)
August 27, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/383,695	08/26/1999	DAVID M. NEVILLE	<del>1401748225</del> 14028.0292US	6915

TITLE OF INVENTION: METHODS OF INDUCING IMMUNE TOLERANCE USING IMMUNOTOXINS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	08/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
UNGAR, SUSAN NMN	1642	424-183100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Needle & Rosenberg, P.C.  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

The Government of the United States of America, as Represented by the Secretary, Department of Health and Human Services, c/o Centers for Disease Control and Prevention - Washington, D.C.  
 The UAB Research Foundation

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Birmingham, AL

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☒ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 12

## 4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-0629 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

*Gwendolyn D. Spratt*

(Date)

August 27, 2004

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08/31/2004 AADOF02 00000006 09383695

01 FC:1501

02 FC:8001

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